								Application or Docket Number							
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									RD 12705363						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL	. EI	NTITY	OR		R THAN ENTITY		
TOTAL CLÀIMS			\7					RATI	E	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC I	FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			\		• 9			X\$ 9=			OR	X\$18=			
INE	DEPENDENT C	LAIMS		inus 3 =	·			X43=			OR	X86=			
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		,	OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							į	TOTAL		•	OR	TOTAL	77/		
CLAIMS AS AMENDED - PART II									,		3	OTHER	THAN		
	(Column 1) (Column 2) (Column 3)							SMAL	LE	NTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE		
	Total	. 23	Minus	* 2	0	-3		X\$ 9=	-	•	OR	X\$18=	150		
	Independent	· 4	Minus	3		=3	Ī	X43=			OR	<u> </u>	600		
_	FIRST PRESE	JLTIPLE DEI	PENDENT	CLAIM			+145=			OR	+290=				
									AL		OR	TOTAL ADDIT. FEE			
			DDIT. FE	-C L	· ·	•									
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=			
	Independent +		Minus ***			.= ·		X43=	1	·	OR	X86=	·		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							÷145=			OR.	+290 <u>÷</u>			
								TOTA		· · ·		TOTAL ADDIT, FEE			
		^	DDH. FC	_		•	NOOM. FEEL								
AMENDMENT C	`	(Column 1)- CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO PAID F	ST ER USLY	(Column 3) PRESENT EXTRA	ſ	RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**	4	e .		X\$'9=			OR	X\$18=			
	Independent					=	-	X43=	1		OR	X86≈			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								†		Ī	+290=	/		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR (TOTAL			
	f the *Highest Nu	mber Previously Pa mber Previously Pa liber Previously Paid	id For IN THE	S SPACE is	less than	n 3, enter "3."		ODIT. FE d in the a			•	JOOIT. FEE			
										•			Ŀ		